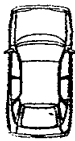


ASSIGNMENT

Surveyor: KENNETH DOI: 13/04/2020 Date / Time : 13/04/2020
 Registered in Merimen: 13/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6571L Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 06/04/2020 Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

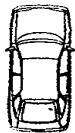
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

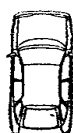
Insured Liability : % **Final ? Yes / No**

SMP 5459P

INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMP 5459P - X	STAGE
		DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ 1,237.45 (1 days) Reduction:17,459.85 / 93 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 17/8/2020 Confirm with WAI YIN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 26		If NO or B 28, Ass. Lia :
Repair Cost: (w/ GST) S\$ 1,324.07		
Loss of Rental (LOR): S\$ 97.50 (1.5 days) X \$65		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ 60.00 (\$ 40 x 1.5days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$600
Total: S\$ 1,481.57	Global Sum S\$: 1,480.00	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 1,480.00	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	